IN THE UNITED STATES DATENT & TRADEMARY OFFICE

IN THE ONLIED	OIKILOIKI	EIII G IIIABEIIAI	K OI I IOL	
In re Patent Application of At	torney Docket:	LSN-39-314		
POMFRETT, et al.	TC/A.U.:	3736		
Serial No. 10/553,745	Examiner:	Michael C. Stout		
Filed: October 18, 2005	Date:	July 10, 2008		
Title: NERVOUS SYSTEM MONITORING MET	HOD			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Sir:				
This is a response/amendment/letter in the incorporated by reference and the signature b signature thereon.	above-identifie			
☐ Correspondence Address Indica	ation Form A	Attached.		
Fees are attached as calculated below: Total effective claims after amendment previously paid for 21 (at least 20)		hest number 50.00	\$0.00 (1202)/\$0.00 (2202)	\$
Independent claims after amendment previously paid for 5 (at least 3) =		hest number 210.00	\$0.00 (1201)/\$0.00 (2201)	\$ 420.00
If proper multiple dependent claims now adde	ed for first time,	(ignore improper); a	dd	
Petition is hereby made to extend the current paper and attachment(s)	One M Two M Three Me Four I	to cover the filing de Month Extension \$12 onth Extensions \$46 onth Extensions \$10 Month Extensions \$1	870.00 (1203)/\$0.00 (2203) atte of this 0.00 (1251)/\$0.00 (2251) 0.00 (1252)/\$0.00 (2252) 50.00 (1253)/\$0.00 (2253) 640.00 (1254/\$0.00 (2254) 0.00 (1254/\$0.00 (2254) 0.00 (1255/\$1115.00 (2255)	120.00
Terminal disclaimer enclosed, add		\$13	30.00 (1814)/ \$0.00 (2814)	\$
Applicant claims "small entity" status.	☐ Statement fi	led herewith		
Rule 56 Information Disclosure Statement Fill	ing Fee		\$180.00 (1806)	\$ 0.00
Assignment Recording Fee			\$40.00 (8021)	\$ 0.00
Other:				\$ 0.00
COEDIT CADO DAYMENT FOI	DM ATT 4.0	UED	TOTAL FEE	\$ 540.00
CREDIT CARD PAYMENT FOI				
The Commissioner is hereby authorized to asserted to be filed, or which should have befirm) to our Account No. 14-1140. A duplicate	en filed herewit	h (or with any paper		

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LSN:lef